

Neonatal Resuscitation Program – New Instructor Registration Form

Please type or print or clearly. For information on NRP Instructor Registration, go to www.cps.ca.



Instructor Information

Dr. Mr. Ms. First Name: _____ Last Name: _____

NRP ID #: _____ Credential : MD RN NP RM RRT Other: _____

Instructor level (check one): Instructor Instructor Trainer Affiliated hospital/institution: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Tel.: _____ *E-mail (required for NRP updates and reminders): _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Tel.: _____ *E-mail (required for NRP updates and reminders): _____

Preferred **MAILING** Address: Business Home Preferred **BILLING** Address: Business Home Preferred **LANGUAGE** for correspondence: English French

Requirements

New Instructor candidates must successfully “team teach” an NRP course with an Instructor Trainer or Delegate identified by an Instructor Trainer.

Attach a copy of your NRP online exam transcript with this registration form

Date of Instructor Course: _____

Date of Instructor Demonstration Course (“team teach”): _____ Supervised by an Instructor Trainer **OR** Delegate

Instructor Trainer /Delegate Name ID# Delegate supervision approved by _____ Instructor Trainer Name

Registration Fee

Instructors are required to pay a registration of \$135 (plus applicable taxes) every three years. This fee will be used to maintain the database and support the issuing of Instructor and Provider cards.
For: **AB, BC, MB, NT, NU, SK, YT (5%) = \$141.75** **ON (13%) = \$152.55** **QC (5% + 9.975% (QST)) = \$155.22** **NB, NL, NS, PEI (15%) = \$155.25**

Cheque or money order (payable to the Canadian Paediatric Society) **Total:** _____

VISA MasterCard Card #: _____ Expiry date: _____ CVV: _____ Card Holder's Name: _____

I verify that the information provided on this form is accurate and I consent to the sharing of my information.

Signature: _____ Date: _____

Confidentiality

Your information will be kept confidential and is collected, used and stored in accordance with provincial privacy laws. By filling out this form, you consent CPS to share your personal information for NRP activities with NRP organizations both inside and outside of Canada to enable them to monitor NRP activity and Instructor Trainers and Instructors.

Return completed form with payment to: NRP Instructor Registration, Canadian Paediatric Society, 2305 St. Laurent Blvd, Ottawa, ON K1G 4J8, by fax to 613-526-3332 or email nrp@cps.ca